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PTO/SB/21 (09-04)  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |    |                        |                  |
|--|----|------------------------|------------------|
| <h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0 0 40px;">(to be used for all correspondence after initial filing)</p> |    | Application Number     | 10/728,794       |
|  |    | Filing Date            | December 8, 2003 |
|  |    | First Named Inventor   | Chung-Hee CHANG  |
|  |    | Art Unit               | 1773             |
|  |    | Examiner Name          | H. C. Rickman    |
| Total Number of Pages in This Submission   | 18 | Attorney Docket Number | 146712002020     |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><input checked="" type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input checked="" type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="margin-top: 5px;">Return Receipt Postcard</div> |
| <div style="border: 1px solid black; width: 100px; height: 15px; float: left; margin-bottom: 5px;">Remarks</div>   |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP   |          |        |
| Signature                                  | <span style="font-size: 1.2em; margin-left: 10px;">Reg. #45640</span> |          |        |
| Printed name                               | Raj S. Dave   |          |        |
| Date                                       | April 10, 2006  | Reg. No. | 42,465 |



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 380.00

### Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/728,794       |
| Filing Date          | December 8, 2003 |
| First Named Inventor | Chung-Hee CHANG  |
| Examiner Name        | H. C. Rickman    |
| Art Unit             | 1773             |
| Attorney Docket No.  | 146712002020     |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

#### 2. EXCESS CLAIM FEES

##### Fee Description

|  | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
23      - 22 = 1      x 50.00      = 50.00

Multiple Dependent Claims  
Fee (\$)      Fee Paid (\$)

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
4      - 3 = 1      x 200.00      = 200.00

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1814 Statutory Disclaimer      130.00

|                   |             |                  |                |
|-------------------|-------------|------------------|----------------|
| SUBMITTED BY      |             | Registration No. | Telephone      |
| Signature         |             | 42,465           | (703) 760-7755 |
| Name (Print/Type) | Raj S. Dave | (Attorney/Agent) | Date           |
|                   |             |                  | April 10, 2006 |